

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2109

State File No.

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5988</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elm township</u> c. LENGTH OF STAY in this place <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Novinger Mo RFD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elm. township</u> d. STREET ADDRESS (If rural, give location) <u>Novinger Mo RFD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Gipson</u> c. (Last) <u>Gipson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 19-1950</u>		5. SEX <u>M</u> <u>O</u> <u>W</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1859-2-15</u>		9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u> IF UNDER 14 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Gipson</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Vestal</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Gipson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Porter McQueen</u>		ADDRESS <u>Novinger Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Disease</u> DUE TO (c) <u>Arteriosclerosis, Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 17, 1949</u> to <u>Jan 19, 1950</u> , that I last saw the deceased alive on <u>Jan 12, 1950</u> and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>M. W. Gallum</u>		23b. ADDRESS <u>Unionville, Mo.</u>	
23c. DATE SIGNED <u>1-21-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B U</u>		24b. DATE <u>Jan. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gairford Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Putnam Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvell Durbin</u>		ADDRESS <u>Unionville, Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-27-50</u>	
REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		26. LICENSED EMBALMER'S SIGNATURE <u>Marvell Durbin</u>		27. LICENSED EMBALMER'S SIGNATURE <u>Marvell Durbin</u>		28. LICENSED EMBALMER'S SIGNATURE <u>Marvell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 92 7 10/13

RECEIVED JAN 3 1 1950
District Health Officer No. 1
District File Number 1-20-2
Date Filed JAN 3 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3304

P. O. Address Unionville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.